Under the Parerwork Reduction	n Act of 1995	no persons are require	ed to res	U.S. Paten soond to a collectio	t and Trad	lemark Office: U.S.	PTO/SB/17 (12-04v2) Sugh 07/31/2006. OMB 0651-0032 DEPARTMENT OF COMMERCE plays a valid OMB control number	
RADEN. Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nur	T	10/632,232		
FEE TRANSMITTAL			L [Filing Date		July 31, 2003		
For FY 2005				First Named Inv	ventor	John E. Schreiber		
Annlicant claims small entity status, See 37 CED 1 27			[Examiner Name	е	William C. Doerrler		
Applicant claims small entity status. See 37 CFR 1.27			[Art Unit		3744		
TOTAL AMOUNT OF PAYM	IENT (\$)	0.00		Attorney Docke	t No.	Serie 6041		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 01-1375 Deposit Account Name: American Air Liquide, Inc.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization of FEE CALCULATION	n P 10-2038.							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type	<u>S</u> Fee (\$)	mall Entity	Fee (\$)	Small Entity	Fee	Small Entity		
Utility	300		500	Fee (\$) 250	200		1 ces 1 ald (4)	
Design	200		100	50	130			
Plant	200		300	150	160			
Reissue	300	150	500	250	600			
Provisional	200	100	0	0	0			
2. EXCESS CLAIM FEES	S			·	·	v	Small Entity	
Fee Description Fee (\$)							Fee (\$)	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						50 200	25 100	
Multiple dependent claims						360	180	
Total Claims							Dependent Claims	
$44 - 44 \text{ or HP} = 0 \times = 0$ Fee (\$)							···	
HP = highest number of total claims paid for, if greater than 20.						0	0	
Indep. Claims 4 - 4 or HP =	Extra Claim 0	<u>19 </u>	<u>ree i</u>	Paid (\$) 0				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = 0								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge):						\$0.00		

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 55,254	Telephone 713-624-8956
Name (Print/Type)	Elwood L. Haynes	Date February 7, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.